

## Local News

### ENGLAND AND WALES

#### A National Physical Training College

Plans for the establishment of a national physical training college for teachers have reached an advanced stage. This was indicated by Sir Kaye Le Fleming, Chairman of Council of the B.M.A., when he gave a talk at Olympia on April 13 in the series arranged by the Association on the medical aspect of fitness. Sir Kaye, whose subject was "Physical Education in Schools," said: "I am glad to be in a position to say, as a member of the National Council of Physical Fitness, that the plan for this project has passed the necessary tedious process of preliminary investigation with regard to a suitable site, a process necessarily shrouded in a good deal of secrecy, and before long I am confident it will be possible to give the public more information on the subject. The college when complete will include all the necessary facilities for the purposes of training and teaching the subject, such as a residential college should provide, in addition to special requirements such as gymnasias, swimming baths, running tracks, a stadium and playing fields in surroundings which will be permanently secure from undesirable encroachments." Research will also be undertaken, Sir Kaye stated, on such matters as the relation of physical fitness to nutrition, fatigue, heart tolerance, and muscular exertion. "We have to-day no standards of measurement of physical fitness. Here is a vast new field for medical and scientific research, into which those who have ventured have done so as solitary explorers without any attempt at systematic and co-ordinated effort to cover the ground."

#### Health and Cleanliness Council

The Health and Cleanliness Council, now a thriving twelve-year-old, gathered its friends together on April 13 at a luncheon in London, with Dr. G. F. Buchan, the president, in the chair. The large company attending included many medical officers of health, also representatives of local education departments and of voluntary organizations. The principal guests were Lord Horder and Sir Arthur MacNalty. In proposing the health of the council Lord Horder said that it stood for preventive medicine in relation to the individual and to the home. Some of its slogans—notably, "Where there's dirt there's danger"—made a great appeal to him. He believed the inculcation of cleanliness struck at the very root of disease. Children took kindly to being clean if shown how and given facilities, and, to vary an old adage regarding the volunteers, one child who washed itself was worth ten washed children. Such work as the council undertook, Lord Horder went on, required courage and persistence, even more persistence than courage, for while there was often little difficulty about the initial effort, the continued effort called for more resolution. In the home cleanliness was "the preventive medicine of housing." One of the council's aims was to see that no tenant owing to lack of instruction made a contribution to new slums. In Great Britain they boasted of the best public health services in the world, and not without reason; but the enemies of public health were not only poverty and economic mal-adjustment but ignorance and laziness, and therefore such successful propaganda as the council had instituted was very much needed.

Dr. G. F. Buchan said that 285 bodies, some of them municipal and some voluntary, were now represented in

the council. In preaching cleanliness as the first law of health the council had not tried to supplant any existing organization, and it had worked largely through ready-made audiences of women's institutes and the like. Last year between 700 and 800 lectures were given, and a very large number of posters had been displayed and pamphlets distributed. While attention was mainly directed to personal and domestic cleanliness, civic cleanliness also came within the council's ambit. Dr. Buchan reminded his audience how comparatively recent a thing was cleanliness as the modern world understood it. Not until the days of Elizabeth was soap discovered, and for many a long year it was a crude and expensive product. He might have added that the word "soap" does not appear in Shakespeare, though Coriolanus bids the citizens "wash their faces and keep their teeth clean." Only during the nineteenth century, said Dr. Buchan, did the means of cleanliness become available for all, and now there was more money spent in this country on keeping clean—including not only personal lavation but laundry, house cleansing, and city scavenging—than on clothes or on education. Cleanliness in fact was the index of civilization, the foundation of health work, and of great aesthetic value.

#### Care of the Blind

Sir Kingsley Wood, the Minister of Health, after opening the new municipal workshops for the blind at Stratford, E., gave an address in the Town Hall, West Ham. He said there were some 78,000 registered blind persons in England, Wales, and Scotland, and of these nearly 57,000 were aged 50 or over. He did not think the number of blind people in this country was increasing, and, owing to increased knowledge of the causes of blindness which operated at birth and in the earlier years of life, the age at which persons were first registered as blind was becoming progressively later. There had also been a substantial fall in the number of blind children. Despite the fortitude and cheerfulness with which blindness was borne it was a terrible handicap—more particularly to the great majority of blind persons over 40 years of age—because it was not then normally practicable to train them in a new form of employment. The lowering of the pension age to 40 would at any rate secure to many of the blind population a regular source of income. He believed Parliament had also expressed the general opinion of the country in enacting that domiciliary assistance to blind people should no longer be given under the Poor Law but under the Blind Persons Act. Blind people should have as many contacts as possible with life and the world. It said much for their adaptability that many of them were filling to-day positions not only of responsibility but such as required considerable technical and mechanical skill and aptitude. The blind had contributed many able members to professions and many skilful craftsmen to trade and industry. Prevention of infantile blindness and preservation of the sight of school children were having an increasing effect in restricting the number of persons becoming blind in early life. The Minister, in conclusion, stressed the importance of home visiting and home teaching. Efficient visiting helped to discover cases of blindness, and he particularly desired to see the blind trained in the early years of their affliction.

#### Milk Pasteurization Plant

In view of the increasing number of pasteurizing plants the Royal Sanitary Institute (90, Buckingham Palace Road, S.W.1) conducted during the winter of 1937-8 three courses of lectures and demonstrations for medical officers of health, sanitary inspectors, and others interested in the subject of pasteurization. During the courses arrangements were made for those attending to see different kinds of plant in operation, which proved very helpful to illustrate the difficulties to be overcome in practice. It seemed

evident that the demand for such courses was not fully met, so it has been decided to hold a further course on Thursday and Friday, May 26 and 27.

## SCOTLAND

### Research in Surgery at Edinburgh

A unit for clinical research in surgery has been established at Edinburgh by the Medical Research Council, acting jointly with the Royal Infirmary, the University, and the Royal Hospital for Sick Children. The unit will be located in the Infirmary, with facilities also in the University Department of Surgery and at the hospital. The director is Mr. W. C. Wilson, F.R.C.S.Ed., who has for this purpose been appointed to the whole-time staff of the Council. The arrangement has at present been made for a period of five years from April 1, 1938. The establishment of "units" or departments of this kind in selected hospitals forms part of a policy adopted by the Medical Research Council for the promotion of research work in clinical science, as opposed to the laboratory branches of medicine. Two units for research in clinical medicine and one for research in neurology have already been established in London. The new surgical unit is the first one under the scheme to be set up outside the Metropolis.

### Mental Defectives as Good Citizens

In an address to the Edinburgh Committee for Mental Welfare on April 4 Dr. W. M. C. Harrowes, physician to New Saughtonhall Mental Hospital, said there was no more useful citizen than the mentally defective person if he received good habit training. Society would always need hewers of wood and drawers of water, and if the mental defective was properly habit-trained he would be content with these menial occupations and, indeed, was far better at them than anyone else. Parental authority was seldom questioned by society except in flagrant instances, but it was always being questioned by the child, sometimes aggressively, sometimes implicitly, but always with reason. A certain quality, which William James had called sagacity and which was customarily called judgment or common sense, existed as an innate endowment, and the child's capacity for judgment was similar to that of the adult. The child's life was simple with few distractions, and he was the closest possible scrutineer of discrepancies in conduct. The adult before criticizing the child should examine his own attitude to authority. Much was heard to-day of the controversy about the relative influence of environment and heredity in causing maladjustment, but the facts of each case should be taken for what they were worth. The important principles in any investigation of a case of maladjustment in child or adult were freedom from preconception and readiness to utilize proved facts, dealing with the individual as a unit in changing environment, and refusal to use a complicated technical terminology. The chairman, Mr. Charles Milne, K.C., said that the need for a remand home for juvenile delinquency in Edinburgh was urgent, and the plans for a new home were already in preparation. Many cases of juvenile delinquency were really cases of mental deficiency.

### "Fitter Britain" at Glasgow

The Empire Exhibition at Glasgow, which is to be opened by the King on May 3, will include in the United Kingdom Government Pavilion—a building equal in area to St. Paul's Cathedral—a "Fitter Britain" exhibit, arranged by the Ministry of Health in collaboration with the Board of Education, the Scottish Department of Health, and the National Fitness Council. The exhibit, the most ambitious scheme of the kind the Ministry has ever attempted, is in portable form, and when the exhibition at Glasgow is over it will be shown in other parts

of the country, and may be seen in London early next year. The most startling feature is a piece of mechanical engineering in the form of a working model, four times life-size, of the upper part of the human body, showing the processes of respiration and digestion and the circulation of the blood. Thanks to the modern technique of sound-recording, the "mechanical man" will lecture on his own physiology every quarter of an hour. More artistic if less fascinating will be a gigantic sculpture representing the ideal man, woman, and child after whom the National Fitness Council strives, and below this will be a panel of facts and statistics illustrating the improvements in national health during the last century, and especially the last forty years. A model of a central health clinic is one of the leading features of the exhibit and reproduces on a small scale the apparatus for orthopaedic and x-ray treatment, the arrangements for maternity and child welfare, and so forth, all in minute detail down to the liquid soap containers and the accessories of the dental chair. A model of a general hospital has been lent by the King Edward's Hospital Fund, and here again everything is in scale, down to the bedspreads, which are lace handkerchiefs given by ladies of the Royal Family. In the bays on either side of the hall there have been arranged illuminated pictorial sets depicting the modern care of infants (contrasting the methods of Betty Higden in *Our Mutual Friend* with infant hygiene as practised to-day), the work of the school medical service, the provision of games and recreation in a community centre, the work on nutrition and on housing, and the guard against infectious disease. The story of some of the enemies of health—tuberculosis, cancer, venereal diseases, rheumatism—will be graphically told, and the agency of the bed-bug, the flea, the house-fly, and the louse in spreading disease will be vividly brought home.

The Ministry of Health exhibit will not be the only one that deals with health. The work of the R.A.M.C. is to be shown in the Army Pavilion, and the Home Office has an exhibit illustrating methods of accident avoidance in factories. Here power presses, hydro-extractors, circular saws, printing machines, and machines used in the food trades will be shown with which it is almost impossible to sustain an injury. One machine is so interlocked that the operative cannot put his hand into the danger zone; in another, if he does place his hand near the danger zone, the machine stops instantly; in yet another, if the hand is brought near the rolls of the machine they will reverse and push the hand out of danger instead of drawing it in. Other Home Office exhibits deal with ventilation, lighting, protective clothing, and first-aid equipment. Scotland itself is represented by two pavilions, one showing its past and the other its present, and in the latter there is being staged the statutory services which are provided for the individual from before birth down to old age. The contribution of Scotland to medicine is the subject of an exhibit in which the Scottish Committee of the British Medical Association has collaborated with the Department of Health; it is largely historical in character, and deals with the part played by individuals, medical schools, and hospitals.

At a Government reception to the Press the other day those who attended were given an embarrassing amount of typewritten material testifying to the resourcefulness and ingenuity of those responsible for the departmental exhibits. But in those which had to do with health and fitness no reference was made to private practice, and one might have imagined the family doctor to be non-existent, save that the family doctor, "the first bulwark of health," will be represented among other mural paintings in the vestibule. It is natural that in an exhibit arranged by the Government statutory health services should be emphasized, but the medical service under the National Health Insurance Acts is a statutory service, and no mention whatever is made of it in the 16-page pamphlet, *The Fitter Britain Exhibit*, issued "with the compliments of the Ministry of Health."

was rapid, an agranulocytosis might have developed in this case. The patient did his normal work and had no complaints, and only a mild degree of cyanosis. This case leads me to suggest that white cell counts in patients under treatment with sulphanilamide might well be undertaken as a routine so that some indication may be given of possible toxic effects before rather than after the event.—I am, etc.,

Batavia, Dutch East Indies, April 5. W. J. HOHMANN.

### Treatment of Lung Abscess

SIR,—In the discussion at the Medical Society of London, reported in the *Journal* of April 9 (p. 803), on lung abscess no mention is made of prontosil as a remedy. A patient developed an abscess in the lower lobe of the right lung after tonsillectomy. The temperature was 104° F., and there was severe pain at the site of the abscess, and cough with profuse evil-smelling expectoration. After four days the temperature was normal, the pain had disappeared, and expectoration was slight and not malodorous. Prontosil album, 15 grains three times a day, was continued for about a week, then gradually reduced, and finally discontinued after about three weeks. Slight cough with occasionally a little inspissated mucus persists, but the patient feels, eats, and sleeps normally, and is putting on weight.—I am, etc.,

Co. Donegal, April 14.

C. E. R. GARDINER.

### Chemotherapy of Virus Diseases

SIR,—We have read with considerable interest the letters of Drs. G. M. Findlay and F. O. MacCallum, and Drs. A. B. MacIntyre and R. F. Montgomerie in the *Journal* of April 16 (p. 875), on the subject of prontosil and allied drugs in virus infections.

Recently we have carried out tests to determine the effect of prontosil on experimental poliomyelitis in monkeys. Two series of experiments were performed. In the first *M. rhesus* monkeys were injected with prontosil during the incubation period. In the second the drug was administered after the onset of paresis. The drug did not appear to us to have more than a slight effect upon the course of the disease. Prophylactically it failed to prevent the development of paralysis. Therapeutically it failed to prevent a fatal result.

We have also investigated the action of prontosil on infectious myxomatosis of rabbits (due to *Virus myxomatosum*, Sanarelli). The drug was injected before the rabbits were infected with the virus, during the incubation period, and after the onset of the disease. The results were negative throughout.—We are, etc.,

A. J. RHODES.

Bacteriology Department, University  
of Edinburgh, April 16.

C. E. VAN ROOYEN.

### Short-term Medical Commissions in the Army

SIR,—In the report of the proceedings of the Parliamentary Medical Committee in the *Journal* of April 9 (p. 821) General MacArthur was misquoted as saying that a number of the first batch of short-service officers under the Warren Fisher scheme have received permanent commissions in the R.A.M.C. Actually no such commissions have been given, and the number that will be given has not yet been decided.—I am, etc.,

Hatfield, April 19.

FRANCIS FREMANTLE.

### Corporal Punishment

SIR,—To me and probably to others who are officially called upon to administer justice the letter of Mr. Victor Bonney is of much interest (*Journal*, April 2, p. 757). He wisely leaves the form of punishment for wrong-doing to the justices. When the laws of a community are violated and crime has been committed the wrong-doer is liable to punishment, for the laws are a body of enactments or rules recognized to be binding upon the members, and infringement of which is harmful to the welfare of society and detrimental to its interests. The law-breaker must be deterred, and in order to do this he is rebuked or admonished. He may be deprived of liberty, he may receive a deferred sentence, or he may be fined, but sentimentalism objects to corporal punishment. Formerly he was dealt with by the infliction of pain, deemed to be equivalent to the pain of the original offence—*lex talionis*, an eye for an eye, a tooth for a tooth—which was described as retributive punishment or revenge. In the course of many centuries our penal codes have reversed all this, but punishment of the wrong-doer must be imposed in the interests of the community.

The code of honour among schoolboys to-day insists upon pain as the most forceful and efficient deterrent. The erring and wayward playmate must be punished and the honour of the school vindicated. Fear of pain has a definite disciplinary value. It is Nature's warning, and a penalty is imposed for any violation of Nature's laws. I cannot realize the difference between the deterrent effect of fear in civil and criminal acts (*Journal*, April 9, p. 817), for a hurt to the individual—when carried to its logical issue—is an injury to the State, which is composed of individuals.—I am, etc.,

London, W.8, April 10.

ROBERT ARMSTRONG-JONES.

### Professor Freud

SIR,—To reassure the many friends of Professor Freud in this country who might well get an alarmist idea of his condition from the description Commander Locker-Lampson gave of it in the House of Commons on April 12, I should like to say that it is an exaggeration to speak of Professor Freud "as a dying man who has been deprived of liberty." Having visited him not many days ago I can testify that he was in fairly good health for his age and still at work. As for his being deprived of liberty, he is under no police detention or surveillance, though he would, of course, like other Jews, have to fulfil various formalities if he wished to leave the country.—I am, etc.,

London, W.1, April 13.

ERNEST JONES.

## The Services

### DEATHS IN THE SERVICES

Lieutenant-Colonel HENRY JOHN HUGH SYMONS, M.C., I.M.S., died at Indore, Central India, on April 1, aged 48. He was born on October 14, 1889, the elder son of Dr. John Symons of Penzance, was educated at King's College Hospital, where he held the post of casualty officer, and took the M.R.C.S., L.R.C.P. in 1916. He took a temporary commission as lieutenant in the Royal Army Medical Corps on August 31, 1916, and became captain after a year's service. On November 1, 1920, he was appointed to the Indian Medical Service, being ranked as captain from August 31, 1919, and attained the rank of lieutenant-colonel on February 19, 1936. He served in the war of 1914-18, and gained the Military Cross on January 1, 1918. He was serving in the Political Department in India.

when were they appointed; and how soon it was expected that they would make their report. Sir SAMUEL HOARE replied on April 11 that no special committee had been appointed. The investigation had been carried out by Dr. W. H. de B. Hubert, assistant physician to the Department of Psychological Medicine at St. Thomas's Hospital, in co-operation with Dr. Norwood East, the Medical Commissioner of H.M. Prisons. It was hoped to issue the report in the next few months.

*Manufacture of Opium Alkaloids in Government Factories in India.*—On April 11 Lord STANLEY circulated a statement showing the amounts of the alkaloids of opium manufactured at the Ghazipur Opium Factory for the Government of India in the year ending September 30, 1937. They were:

Morphine Hydrochloride	Morphine Sulphate	Morphine Tartrate	Morphine Crude	Codeine
lb. oz. 153 7	lb. oz. 11 8	lb. oz. 1 8	lb. oz. 787 8	lb. oz. 210 5

Most of the exported alkaloids of opium manufactured at the Ghazipur Opium Factory of the Government of India are sold through the High Commissioner to firms in the United Kingdom. These imports are strictly controlled by the Home Office licensing system.

*Investigation at Ammanford Colliery.*—Earl WINTERTON, replying on April 11 to Mr. J. Griffiths, said that the inquiry into environmental conditions at the Ammanford colliery, in which inspectors of mines had assisted, was part of the investigation into chronic pulmonary disease among coal miners which was being made under the direction of the Medical Research Council. The observations at Ammanford were recently concluded, and the records were now being carefully studied. It was proposed thereafter to extend the investigation to at least one further colliery, and the whole of the data would have to be examined before any report could be prepared.

*Exchequer Payments to Milk Marketing Board.*—On April 12 Mr. RAMSBOTHAM informed Sir Granville Gibson that during the twelve months ended March 31 last there had been an Exchequer contribution amounting to £474,449 towards the expenses of the Milk Marketing Board in giving effect to the milk-in-schools scheme and other approved arrangements for increasing demand. In addition, during the same period, the Commissioner for the Special Areas made a grant of £4,330 towards the cost of experimental schemes for the supply of cheap milk to nursing and expectant mothers and children under school age.

*Milk-borne Food Poisoning at Wilton.*—On April 12 Captain ELLISTON asked the Minister of Health whether he would direct the attention of local authorities to the report of his Department on the milk-borne outbreak of food poisoning involving over 100 persons at Wilton, Wiltshire, and especially to the statement of the Chief Medical Officer that this was an example of the class of outbreak due to infection of the milk by a diseased cow; that a clean raw milk was not necessarily a safe milk; and that the only practicable way to reduce the risk of such outbreaks to a minimum was by efficient pasteurization or by some other suitable form of heat treatment. Sir KINGSLEY WOOD replied that copies of the report had been sent to the medical officers of health of all counties and county boroughs.

*Health Services at Salford.*—Sir KINGSLEY WOOD told Mr. Ellis Smith on April 14 that his attention had not been directed to the proposed action of the Salford City Council in closing down two wards in the Hope Hospital, the issuing of instructions to the doctors not to use certain medicines unless absolutely necessary, and the low allowances made to cover the cost of the maintenance of the nursing staff. He

had seen a newspaper report which indicated that Salford City Council had under consideration proposals in regard to the Hope Hospital. He was in communication with the council in the matter.

#### Notes in Brief

The sewerage at the Royal Air Force station at Hemswell is a modern installation. Recent tests carried out by the Royal Air Force medical authorities of the treated effluent discharged into a stream have shown that the requirements of the Royal Commission on sewage disposal have been fulfilled and that there is no possibility of pollution from this source.

The total number of officers, nurses, and men of other ranks for whose treatment in mental institutions the Ministry of Pensions was responsible during the year 1937 was 6,015. During this period 175 patients were admitted, 136 were discharged, and there were 152 deaths.

The number of soldiers invalided from the regular army in 1937 was 1,282, the lowest total since the war, and 290 less than that for 1936.

## Universities and Colleges

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a meeting of the College, held on April 11, Dr. Robert Hutchison was elected President.

Diplomas were conferred, jointly with the Royal College of Surgeons of England, on the following candidates:

OPHTHALMIC MEDICINE AND SURGERY.—G. H. Appel, A. H. Booth, D. K. Bose, G. H. Buck, E. W. B. Griffiths, S. P. Gupta, A. G. Hiremath, J. Joels, J. B. S. Karki, H. O. Little, J. Macaskill, N. C. Mandalia, J. D. Martin-Jones, T. R. Pahwa, J. B. Patrick, H. Penman, C. V. D. Rose, E. N. Rosen, R. Stuart, R. A. Syed, S. Wigoder.

MEDICAL RADIOLOGY.—D. M. Harper, T. Lodge, J. T. McGinn.

PUBLIC HEALTH.—R. R. Clipstein.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

A Council meeting was held on April 7, with the President, Sir Cuthbert Wallace, Bt., in the chair.

Professor F. Wood Jones was admitted to the Fellowship of the College.

Mr. Humphrey Nockolds, medical superintendent of Lewisham Hospital, and Mr. Mahmud Bayumi of the Egyptian University, Cairo, were elected Fellows of the College under the Charter which permits the Council to elect annually to the Fellowship, without examination, two Members of the College of twenty years' standing.

"The Pathology and Treatment of Thyrotoxicosis" was approved as the subject for the Jacksonian Prize for 1939.

Mr. H. A. T. Fairbank was appointed the first Robert Jones lecturer.

An additional final examination for the Fellowship will be held in February, 1939.

Diplomas of Fellowship were granted to John Guthrie Clothier (London), Alan Wardale (London), and Anthony Richard Kevin Kelly (Melbourne).

Diplomas in Child Health were granted, jointly with the Royal College of Physicians of London, to the following candidates:

Y. N. Ajinkya, J. Carson, Cicily M. Glennie, C. Hardwick, K. J. Jacob, S. N. Javett, Lorna D. Jones, Shireen N. Khan, Beryl J. Lawrence, R. Mowbray, A. P. M. Page, B. O. Quin, T. A. Ratcliffe, C. W. Ross, N. C. H. Rustomjee, M. Schlaff, Emily L. Simon, W. McL. Smithers, N. Subhie, M. Toohey, Kathleen M. Winning, Eluned Woodford-Williams, Winifred F. Young.

The following hospital was recognized under paragraphs 21 and 23 of the F.R.C.S. Regulations: Stockport Infirmary (resident surgical officer and house-surgeon attached to the general wards).

logists. (3) Assistant Surgical Officer. (4) H.S. Unmarried. Salaries £200 p.a., £125 p.a., £100 p.a., and £50 p.a. respectively.

HUDDERSFIELD ROYAL INFIRMARY.—(1) H.S. (2) H.S. for Abnormal Maternity Department. (3) H.S. for Eye, Ear, Nose and Throat Departments. Males. Salaries £150 p.a. each.

ILFORD: KING GEORGE HOSPITAL.—Assistant C.O. and H.S. (male) to Special Departments. Salary £100 p.a.

LARBERT: STIRLING DISTRICT MENTAL HOSPITAL.—J.A.M.O. (male). Salary £300 p.a.

LEEDS: GENERAL INFIRMARY.—(1) Ophthalmic Officer. (2) Aural Officer. Salaries £149 p.a. each.

LEICESTER CITY.—M.O. (male) for City General Hospital. Salary £300 p.a.

LONDON COUNTY COUNCIL.—A.M.O.s (Grade II) for (a) Princess Mary's Convalescent Home, Cliftonville, Margate, (b) St. Alfege's Hospital, Vanbrugh Hill, Greenwich, S.E., (c) St. Francis' Hospital, East Dulwich, S.E., (d) St. George in the East Hospital, Raine Street, Wapping, E., and (e) St. Luke's Hospital, Sydney Street, S.W. (a) is a female appointment only. Unmarried. Salaries £250 p.a. each.

LONDON LOCK HOSPITAL, Harrow Road, W.—M.O. (male). Salary £175 p.a.

LOWESTOFT AND NORTH SUFFOLK HOSPITAL.—J.H.S. (male). Salary £120 p.a.

MANCHESTER CITY.—A.M.O. for Withington Hospital. Salary £200 p.a.

MIDDLESEX COUNTY COUNCIL.—Whole-time Casualty M.O. for West Middlesex County Hospital, Isleworth. Salary £350 p.a.

NEWPORT: ROYAL GWENT HOSPITAL.—(1) H.S. to Fracture and Orthopaedic Department. (2) C.O. Salaries £135 p.a. each.

NORTHAMPTON: MANFIELD ORTHOPAEDIC HOSPITAL.—M.O. (male). Salary £200 p.a.

NORTHWOOD: MOUNT VERNON HOSPITAL.—H.S. Salary £150 p.a.

NOTTINGHAM CITY.—Assistant Surgical Officers for City Hospital. Salaries £250 p.a. each.

NOTTINGHAM: GENERAL HOSPITAL.—C.O. (male). Salary £150 p.a.

OXFORD: WINGFIELD-MORRIS ORTHOPAEDIC HOSPITAL, Headington. H.S. (male). Salary £100-£120 p.a. according to experience.

PADDINGTON GREEN CHILDREN'S HOSPITAL (INC.), W.—H.S. (male, unmarried). Salary £150 p.a.

PRESTON: ROYAL INFIRMARY.—C.O. Salary £150 p.a.

ROCHDALE INFIRMARY AND DISPENSARY.—Second H.S. (male). Salary £150 p.a.

ROTHERHAM HOSPITAL.—H.P. (male). Salary £180 p.a.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Senior M.O. (male). Salary £150 p.a.

RUGBY: HOSPITAL OF ST. CROSS.—M.O. (male). Salary £100-£150 p.a.

SALISBURY: GENERAL INFIRMARY.—H.P. (male, unmarried). Salary £125 p.a.

SHEFFIELD CITY.—A.M.O. (Grade I) (male) for City General Hospital. Salary £350-£25-£450 p.a.

STAFFORDSHIRE GENERAL INFIRMARY.—Senior H.S. Salary £175 p.a.

STOCKPORT INFIRMARY.—H.S. (male, unmarried). Salary £150 p.a.

STOKE-ON-TRENT: NORTH STAFFORDSHIRE ROYAL INFIRMARY.—Anaesthetist. Salary £150 p.a.

STOKE-ON-TRENT CITY.—M.O. (male, unmarried) for Stanfield Sanatorium. Salary £250 p.a.

STROUD GENERAL HOSPITAL.—M.O. Salary £160 p.a.

SUNDERLAND: ROYAL INFIRMARY.—J.H.S. (male). Salary £120 p.a.

SWANLEY: HOSPITAL CONVALESCENT HOME, Parkwood.—M.O. (female). Salary £200 p.a.

WEIR HOSPITAL, Grove Road, Balham, S.W.—J.M.O. (male, unmarried). Salary £150 p.a.

WORCESTER ROYAL INFIRMARY.—J.H.S. Salary £120 p.a.

### NON-RESIDENT POSTS

EASTBOURNE: PRINCESS ALICE HOSPITAL.—Hon. Assistant Radiologist.

MAIDENHEAD HOSPITAL.—Hon. S. for Ear, Nose and Throat Department.

MANCHESTER ROYAL INFIRMARY.—Chief Assistant to a Surgical Unit. Salary £250 p.a.

OXFORD: RADCLIFFE INFIRMARY.—Surgical Registrar. Salary £400 p.a.

SOUTH-EASTERN HOSPITAL FOR CHILDREN, Sydenham, S.E.—Hon. Assistant S.

### UNCLASSIFIED

BIRMINGHAM CITY.—M.O. (female) for Maternity and Child Welfare Department. Salary £600-£25-£700 p.a.

BRISTOL CITY AND COUNTY.—Two Whole-time Assistant M.O.H.s (one male and one female). Salaries £500-£50-£700 p.a. each.

EALING: KING EDWARD MEMORIAL HOSPITAL.—(1) Consulting Physician. (2) Second Consulting Laryngologist.

GREENOCK CORPORATION.—Assistant M.O.H. (male). Salary £500-£25-£700 p.a.

HENDON BOROUGH.—Assistant M.O.H. and Assistant School M.O. (male). Salary £600-£25-£750 p.a.

HOLLAND (Lincs) COUNTY COUNCIL.—Assistant M.O.H. (male). Salary £700-£25-£800 p.a.

HUDDERSFIELD COUNTY BOROUGH.—Assistant M.O.H. (female). Salary £500-£25-£700 p.a.

KIDDERMINSTER AND DISTRICT GENERAL HOSPITAL.—Part-time Pathologist. Honorarium £200 p.a.

LONDON CHEST HOSPITAL, Victoria Park, E.—(1) Part-time Surgical Registrar. (2) Part-time Medical Registrar. Males. Honorariums £225 p.a. and £175 p.a. respectively.

LONDON CORPORATION, Guildhall, E.C.—M.O.H. for Port of London. Salary £1,500-£2,000 p.a.

LONDON COUNTY COUNCIL.—A.M.O.s for mental health services. Salaries £470-£25-£570 p.a. each. (Female applicants to be unmarried.)

MANCHESTER ROYAL EYE HOSPITAL.—Out-patient M.O. Salary £200 p.a.

MANCHESTER ROYAL INFIRMARY.—Director of Clinical Laboratory. Salary £800 p.a.

MIDDLESEX COUNTY COUNCIL.—(1) Whole-time Assistant Dental Officer (male). Salary £500-£25-£700 p.a. (2) Visiting Dermatologist for Redhill County Hospital, Edgware. Fee £3 3s. per session.

MIDDLESEX HOSPITAL, W.—Obstetric and Gynaecological Registrar. Salary £300 p.a.

NEWCASTLE-UPON-TYNE: ROYAL VICTORIA INFIRMARY.—Whole-time Registrar to Orthopaedic Department. Salary £150 p.a.

NEWCASTLE-UPON-TYNE: UNIVERSITY OF DURHAM AND ROYAL VICTORIA INFIRMARY.—Professorship of Pathology, tenable at King's College, Newcastle-upon-Tyne, and Pathologist to Royal Victoria Infirmary, Newcastle. Salary £1,100.

PADDINGTON GREEN CHILDREN'S HOSPITAL (INC.), W.—Two Clinical Assistants to Medical Out-patients.

QUEEN MARY'S HOSPITAL FOR THE EAST END, Stratford, E.—Hon. Assistant S. with charge of out-patients.

ROYAL LONDON OPHTHALMIC HOSPITAL, City Road, E.C.—Out-patient officer. Salary £100 p.a.

ST. BARTHOLOMEW'S HOSPITAL, E.C.—Part-time Chief Assistant for X-ray Diagnostic Department.

STOKE-ON-TRENT CITY.—Whole-time M.O. (male) of Venereal Diseases Centre. Salary £750-£937 10s. p.a.

WAKEFIELD: WEST RIDING OF YORKSHIRE MENTAL HOSPITALS BOARD.—A.M.O. for Wakefield Mental Hospital. Salary £350-£25-£450 p.a.

WEMBLEY BOROUGH.—(1) Whole-time Assistant M.O.H. Salary £500-£25-£700 p.a. (2) Part-time Assistant M.O. Remuneration £1 11s. 6d. per session.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Chief Assistant to Department for Chronic Rheumatic Diseases. Honorarium £100 p.a.

CERTIFYING FACTORY SURGEONS.—The following vacant appointments are announced: Llandrindod Wells (Radnorshire); Billingborough (Lincolnshire); Haddenham (Cambridgeshire); West Calder (Midlothian). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1, by April 26.

*To ensure notice in this column advertisements must be received not later than the first post on Tuesday mornings.*

*Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 57, 58, 59, 60, 61, 64, and 65 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 62 and 63.*

### APPOINTMENTS

MACKEITH, S. A., M.R.C.S., L.R.C.P., D.P.M., Honorary Consulting Physician in Charge of the Department of Psychological Medicine, Warneford General Hospital, Leamington Spa.

CERTIFYING FACTORY SURGEONS.—A. S. Beer, M.B., F.R.C.S.Ed., for the Thame District (Oxfordshire); G. S. Christie, M.B., Ch.B., for the Fordoun District (Kincardine); J. C. Christie, M.B., D.P.H., for the Perth District (Perthshire); J. H. Fisher, M.B., B.Ch., for the Abingdon District (Berkshire); J. P. Logan, L.R.C.P. and S., for the Kelvedon District (Essex); W. E. S. Moreton, M.R.C.S., L.R.C.P., for the Reynoldston District (Glamorganshire); J. T. Murphy, M.B., B.Ch., for the Cullompton District (Devonshire).

LONDON COUNTY COUNCIL.—The following appointments have been made at the hospitals indicated in parentheses. *Deputy Medical Superintendent, Grade I:* J. Jemson, F.R.C.S. (St. Alfege's). *Deputy Medical Superintendent, Grade II:* A. N. Jones, M.B., F.R.C.S. (St. Pancras). *Assistant Medical Officers, Grade I:* C. W. C. Karran, M.B. (Park); A. B. Christie, M.B., Ch.B., D.P.H. (Eastern); H. W. Hall, M.B., Ch.B., D.P.H. (Brook); H. L. Settle, M.B., Ch.B. (Grove).

### BIRTHS, MARRIAGES, AND DEATHS

*The charge for inserting announcements of Births, Marriages, and deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.*

#### BIRTH

BENTON.—On April 11, at City Hospital, Nottingham, the wife of Dr. Sidney B. Benton, a daughter.

#### MARRIAGE

WARIN—BRUCE.—April 12, at Bingley, John Fairbairn Warin, M.D., Ch.B., D.P.H., Leeds, to Kathleen Simpson Bruce, M.B., Ch.B., D.P.H., Leeds, of Bingley. Future address, "Rhyddington," 271, Preston New Road, Blackburn, Lancs.